



EFT-003 (Rev. 6/04.2)
STATE USE ONLY

GEORGIA EFT

INFORMATION CHANGE FORM

Change should be submitted 30 days prior to effective date
EFFECTIVE DATE: _____

LOCATOR NUMBER

CURRENT INFORMATION ON FILE:

Taxpayer Name: _____

Email Address: _____

Address: _____

City/State/Zip: _____

Sales/With/Corp Tax ID#: _____

Type of Tax Payment: _____

1st Contact Person: _____

Phone: _____ Fax: _____

2nd Contact Person: _____

Phone: _____ Fax: _____

Bank: _____

Mailing Address: _____

City/State/Zip: _____

Transit/Routing #: _____

Bank Account #: _____

☐ Checking ☐ Savings (check one)

Day Phone: _____ Fax: _____

Bank Contact Person: _____

Checking account: please attach a voided check
Saving account: please attach a voided deposit slip

CHANGE TO:

Taxpayer Name: _____

Email Address: _____

Address: _____

City/State/Zip: _____

Sales/With/Corp Tax ID#: _____

Type of Tax Payment: _____

1st Contact Person: _____

Phone: _____ Fax: _____

2nd Contact Person: _____

Phone: _____ Fax: _____

*Bank: _____

*Mailing Address: _____

*City/State/Zip: _____

*Transit/Routing #: _____

*Bank Account #: _____

☐ Checking ☐ Savings (check one)

Day Phone: _____ Fax: _____

Bank Contact Person: _____

Checking account: please attach a voided check
Saving account: please attach a voided deposit slip

***ITEMS MARKED WITH AN ASTERISK MUST BE COMPLETED IN ORDER TO PROCESS CHANGE (S)**

I/we authorize the Georgia Department of Revenue-EFT Section to make changes to current information on file in regards to my EFT payment.
Begin making EFT transaction using new information on the effective date above.

Signature: _____ Title: _____ Date: _____

Please complete and return to by mail or fax: 404-417-2237 or 404-417-2238

Georgia Department of Revenue-EFT Section
1800 Century Center Blvd N.E., Suite 17235
Atlanta, GA 30345

CONFIRMATION BY NDC INDICATING CHANGE HAS BEEN COMPLETED THIS _____ DAY OF _____, 20____

Signature and Title